

**Grant Close-Out Report**  
**Due May September 30, 2020**

**Business Name:**  
**Business Address**  
**Applicant Name**  
**Email**  
**Phone Number**  
**Amount of Grant Received:**

**Summarize the impact the grant funds had on the business and its operations:**

**Project Budget Summary**

Submit/attach all invoices and proof of payment for grant funded expenditures. ***The expenditures should only include those allowable per the grant agreement*** (add more rows if necessary). Total amount of expenditures and documentation MUST BE EQUAL to or GREATER than the grant amount.

Date of Expenditure	Purpose of Expenditure	Amount
Total		\$

**Job Retention and Creation**

Type of Job	# Retained	Avg Hours Per Week	# Created	Avg Hours Per Week
Part Time				
Full Time				

I certify that the foregoing charges are true and accurate to the best of my knowledge. These expenditures represent approved grant costs that have been previously paid by the grantee.

---

**Print Name/Title**

---

**Authorized Signature**

---

**Title**

---

**Date**